

health care professionals, they say that 1 percent of health care expenditures are associated with lawsuits. In my own State of Minnesota, you have to have a doctor who is an expert in the field swear on an affidavit that is detailed and lengthy before you can even file the complaint for the medical malpractice lawsuit. And insurance rates and medical malpractice insurance rates are not plummeting. The reality is insurance companies charge doctors a lot of money and then blame lawyers for it. That's the scam going on, and that's the way that it is.

Tort reform—there is no need for tort reform. But if the President wants to discuss tort reform, fine, I'm not going to die on that hill. I'm going to die on the public option hill. I've got my battle lines squared off. Fine, if you want to waste time to satisfy some people talking about tort reform, that's okay, but the reality is that doesn't save any money; it's not the problem.

You know, do doctors run a lot of tests sometimes because of defensive medicine, as they sometimes say? Or do they run a lot of tests because we compensate doctors based on tests and hospitalizations?

I yield to the gentleman.

Mr. CONYERS. Fee for services. Well, doctors sometimes run more tests than might be actually required because they're compensated on the basis of fee for services. And there are instances where tests have been run by one hospital and another doctor and yet another doctor, and they're all the same tests but everybody ran their own tests because you could bill it. And these are the kinds of efficiencies that we can squeeze out savings. And so it's very important that we understand where the costs are and how they might be contained.

Ms. WOOLSEY. And the gentleman from Minnesota has a clinic in his State called the Mayo Clinic that is an example of excellence in that regard.

Mr. ELLISON. Yes. And the doctors at the Mayo Clinic are paid by salary; they're not paid by how many tests they run.

I want to thank the gentleman from Michigan, Congressman CONYERS, for spending the time with us. And have a wonderful weekend, Congressman.

Well, Congresswoman WOOLSEY, we've been having a great dialogue here. We've got about 10 more minutes left in our hour. And we can take that time by continuing to help define this idea of the public option. Do you think that's a good use of our time?

Ms. WOOLSEY. I have a few things I would add to what I think is a robust public option.

Mr. ELLISON. I yield to the gentlelady.

□ 1415

Ms. WOOLSEY. Well, I would believe that to be robust, the public option must be available nationally, across all State lines. It should be available from day one, with no trigger. And next

week let's talk about triggers and copays.

I would have a robust public option that was built on the Medicare network structure, which means the providers, the doctors and the hospitals and the clinics that take Medicare, will automatically be assumed will take the public option. Now, I think if they don't want to, they don't have to. That is the way it is with Medicare also. But that they take it. This is brand new patients for them, paid for by the public plan. And it would be publicly accountable. This plan will work for the public and will be held accountable to the people of this country.

Mr. ELLISON. I think those are some essential factors. I think it is important to point out the Progressive Caucus has been crystal clear on what we mean by public option from the very beginning and has simply reiterated the position that we have taken.

Again, I simply believe that it is the dogged efforts of your leadership and that of co-Chair GRIJALVA, together with the Progressive Caucus as we support our leadership in the caucus, together with other members of the Democratic Caucus, together with the progressive community out there, people who signed the petitions that were in the huge stack when they gave them to you, people who amassed all of these documents, which are double-sided, by the way, all of these, 63,692 people sending them to 65 Members of Congress to encourage them to stick with the public option.

Ms. WOOLSEY. If the gentleman will yield, next time I am on this floor I am going to have mine sent here. It is really impressive. I will bet you every Progressive member has a stack like that. We need to all bring them.

I bet every Member, not just Progressive members. Shame on me.

Mr. ELLISON. It goes to show Americans are really ready for the kind of change we are talking about right now. It is essential that President Obama debunked myths last night. You know, in this body where we are standing now, which has maybe 20 or 30 people in it, of course, there are a lot of folks in the gallery, the fact is it was packed last night. But each one of the people who was here last night to hear the President's speech heard the President take on those myths head on, and I was very, very proud of the President when he did that.

He made it clear that health care reform is not just for the 49 million uninsured, though it is for them too. It is also for the people who have insurance, who have seen their rates double over the last 2 years, who have seen their copays go up, who have seen their deductibles getting higher and higher and higher, so if they do have an accident or need the medical care, that more and more of the money is going to come out of their pocket.

He talked about the importance of saying this is something we all need and this is good for everybody. He said,

look, if you think you are invincible and are never going to get hurt and you don't have health insurance because you want to, like, save money by doing it, if you do get hurt, and we all know accidents happen every day, then we all are going to cover you because you are going to show up at the emergency room and that is going to come out of our taxes.

So he talked about how we are really all in this together, and it is a myth if you think you will be that rugged individual and just go it alone.

He didn't take on the myth of the death panels, but I wish that he did. I just want to reiterate that there are no death panels. This is a myth. It is not true. It is just really a simple lie. And the fact is is that what the legislation calls for is to compensate doctors if they have a conversation about end-of-life with their patients.

This is an extremely good idea. Why? Because anyone who has found themselves in that very difficult situation, having a loved one on a ventilator, you want to know what your loved one would want you to do. You want to know is there a DNR, is there some sort of will, is there something to help you, give you guidance as to what their wishes would be. So this is just dignity. This is just the way we should treat each other. I wish the President would have had time to really hit that point. But I know he understands that there is no such thing as death panels.

So I was happy by and large with the President's speech last night. As Congressman CONYERS pointed out, I wasn't happy about everything, but, of course, we understand we have to stay in the game long, not just short.

In the final minutes, I am going to hand it to the gentlewoman from California, Congresswoman WOOLSEY, our fearless leader in the Progressive Caucus, and you can take us out.

Ms. WOOLSEY. Thank you, and thank you for doing this every week. You are wonderful. I am going to read one more time what this card that is laminated says. The press is saying to me, how do you know he is going to do that? I say because this will never destruct. "You said," we will say.

But, anyway, last night and on this card it says that the plan that the President supports offers a public health insurance option to provide the uninsured who can't find affordable coverage with a real choice. It does offer more than the uninsured, but not immediately. So that is very honest there.

Thank you, Mr. ELLISON. We will be back.

PERMISSION TO FILE REPORT ON H.R. 3246, ADVANCED VEHICLE TECHNOLOGY ACT OF 2009

Ms. WOOLSEY. Mr. Speaker, I ask unanimous consent that the Committee on Science and Technology may have until 11:59 p.m. on Friday, September 11, 2009, to file its report to accompany H.R. 3246.

The SPEAKER pro tempore (Mr. PEETERS). Is there objection to the request of the gentlewoman from California?

There was no objection.

MESSAGE FROM THE PRESIDENT

A message in writing from the President of the United States was communicated to the House by Mrs. Wanda Evans, one of his secretaries.

HEALTH CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Georgia (Mr. GINGREY) is recognized for 60 minutes as the designee of the minority leader.

Mr. GINGREY of Georgia. Mr. Speaker, thank you for the opportunity to spend the next hour as the designee of the minority leader on the Republican side to talk about what we heard here in this Chamber last night beginning about 8:15 in prime time from the President of the United States regarding health care reform.

I am pleased to be joined by at least one of my colleagues, and there may be others that come during the hour. Congressman JOHN FLEMING from the great State of Louisiana will be joining me and we will be talking about what went on last night. We may even want to address some of the comments that our Democratic colleagues have just made on this House floor during the previous hour in regard to their enthusiasm for a public plan, indeed their enthusiasm for a single-payer system, national health insurance, if you will.

So this gives us a great opportunity. That is what makes this body so great, that we can agree to disagree in a respectful way. The three members of the Democratic majority that were just speaking to our colleagues are good friends that I have great respect for, the gentlewoman from California, the gentleman from Minnesota, the distinguished gentleman from Michigan. We just happen to totally disagree on this issue. That is why we are here.

That is what this is all about, is to take an opportunity to point and counterpoint, folks remember that, Crossfire and things we see on television. You are from the right, you are from the left; you are Republican, you are Democrat; you are conservative, you are liberal. Your viewpoints on what is best for the country are going to vary. Sometimes they are going to be 180 degrees apart, and, surprisingly enough, there are occasions on which we agree on issues almost 100 percent. But on this issue, there is serious disagreement.

I want to just talk a little bit about how the President started his address to this joint session of Congress, and, of course, in prime time to the Nation, on H.R. 3200, the bill that has passed the committees in the House, not passed the whole House, but also the bill that passed the Senate Health

Committee. The President talked about that last night.

Typically when the President comes before a joint session of Congress, it is going to be in this Chamber, because this is the bigger Chamber, as our colleagues know. The Cabinet members come in, and there are additional chairs put out here down front for them, for members of the Supreme Court, for any retired Members of Congress who may want to come. Of course, the galleries were completely full last night. Madam First Lady was sitting over here on this side, and it was quite a setting.

I don't think any of us really knew, except maybe the Democratic leadership and some of the Democratic majority party, knew ahead of time what the President was going to say. Sometimes we get a draft of the speech, and on this particular occasion we didn't.

When we sat down in our seats and the magic hour was approaching, at just after 8 p.m. last night these cards, these laminated cards, were passed out by the clerks of the House. I want my colleagues to notice, and, of course, you did see it last night, but there is some script on the front, but there is nothing on the back. So it is not really a two-pager. It is a one-sider, if you will. The bottom line, it is just a thumbnail sketch of what the President was going to say to us.

We typically have, when we sit down, a copy of the speech, and not just a draft, the very speech that the President is going to make right here standing behind that podium as he reads that off of his teleprompters so we can follow word by word, and, indeed, if he is speaking slower by necessity, so we can read ahead and in a typical situation know what he is going to say maybe a page ahead or a page and a half ahead.

Not last night. You absolutely did not know what to expect. I know what I hoped to hear him say, and many people asked me about that, both before and after the speech.

But what did you expect, Congressman GINGREY? You are a doctor. You practiced OB/GYN medicine for 26 years in your district in northwest Georgia, Cobb County and Marietta. You delivered 5,200 babies. You have been in the practice of medicine for 31 years. You have been up here now seven. You sit on the Energy and Commerce Committee where this bill, this H.R. 3200, my colleagues, I just happen to have it, a fresh copy of it, I think 1,100 pages, pretty thick, kind of hard for me even to hold. You know, what do you think about the bill?

After the August recess, when everybody went home, this bill passed the Energy and Commerce Committee. It passed the Ways and Means Committee, and it passed the Education and Labor Committee, very narrowly, strictly upon party lines, and we went home for the August recess. That is when things really got exciting.

Typically, during the month of August, Members are in their district.

They are seeing constituents, maybe one on one, more typically in a town-hall meeting setting. On a busy, day you might see 50 people or 75, and rarely 100 if the weather is perfect.

Well, during this August recess, which lasted about 5½ weeks, all across the country congressional Members, Senators, Members of the House, Republicans, Democrats, Independents that held these townhall meetings were seeing 10 times the attendance that they would normally see. So instead of 50, I was seeing 500. Instead of 100, I was seeing 1,000. And this was true, I think, in every district.

My colleagues, you know that your constituents were either going to those townhall meetings, trying to talk to their Members, or they were watching on C-SPAN or they were watching on CNN or Fox News and they were seeing what was going on. And it was clear, it was clear that most of the people at those townhall meetings were our senior citizens. The ones I held, six or eight or nine, there were a few scatterings of young people, but maybe they were off working or at ball games or it wasn't on their mind like it was senior citizens.

But those senior citizens were there because they were very concerned about how this new bill, this big one, H.R. 3200, it is called the America's Affordable Health Choices Act of 2009, what it was going to do to their health care coverage.

□ 1430

And in particular, their concern was a provision in that bill, a provision in that bill that calls for the creation of an exchange, where people who do not have health insurance, maybe they have lost their job and in so doing, have lost the health insurance, or possibly they work for a company. The bottom line is that those seniors that were showing up are very concerned about how you pay for this bill and why the need for the Federal Government to sell health insurance and compete with the private marketplace for the business of these people that don't have insurance.

The bill calls for setting up these exchanges where people can go in their State, online typically, and shop for a health insurance policy, and several companies you can think of, my colleagues think of Blue Cross/Blue Shield, or Wellpoint or Cigna or Aetna or any of the insurance companies that have health insurance as part of that product line, and look and see what they offer, what your needs are in regard to your health, what medications you need to be on, and what the coverage is, and who the doctors are, in fact, that accept that particular policy.

You know in a community who you want to go to, who you want your wife to go to for obstetrical care, who you want your children to go to for pediatric care, and so you pick and choose. And also you look at the doctors. Do you know them or do they have a good